

Kansas Department on Aging

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046047 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 12/11/2014 |
| NAME OF PROVIDER OR SUPPLIER BROOKDALE COLLEGE SQUARE | | STREET ADDRESS, CITY, STATE, ZIP CODE 11000 OAKMONT AVE OVERLAND PARK, KS 66210 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| S 000 | INITIAL COMMENTS The following citations are the result of a Licensure Resurvey at the above named Residential Health Care Facility in Overland Park, Kansas on 12/09/14, 12/10/14, and 12/11/14. | S 000 | | |
| S3081 SS=E | 26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(c)(2) The census equalled 42 the sample included three Residents. Based on observations, interviews, and reviews of records, for two of three sampled (#189 and #187), the Operator failed to ensure designated staff conducted a screening to determine Resident's functional capacity following any significant change in condition. Findings included: - Review of record revealed #187 admitted to facility 4/10/14 with diagnoses of Alzheimer's, Constipation, Anxiety, Impulse control, Depression, Gastroesophageal reflux disease, | S3081 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| S3081 | <p>Continued From page 1</p> <p>Hernia, and Glaucoma.</p> <p>The current 10/09/14 FCS (functional capacity screen) assessed #187 in need of physical assistance (2) with bathing, dressing, toileting, transfers, mobility, eating; unable to perform (3) medication and treatment management; with bladder incontinence; with impaired short term memory, long term memory, memory recall, and decision making; with falls/unsteadiness; with impaired communication, vision, and hearing. The FCS coded "none of the above" for section IV. "Mobility Appliances/Devices."</p> <p>The current 10/09/14 NSA (negotiated service agreement) documented #187 Resident's total dependence on staff for assistance with bathing, dressing, toileting, transfers, mobility... documented #187 not able to comprehend the use of a device and is not able to ambulate on his/her own... requires 1-2 staff for ambulating to get to the bathroom, own room, and meals... is able to stand occasionally but most of the time is unsteady, sleepy, and requires two staff to assist him/her...</p> <p>Service Notes of 11/05/14 documented "difficulty standing, unable to ambulate with two staff... leans back with bottom... difficulty bearing weight on legs... now using wheelchair to take to meals, room, and bathroom..."</p> <p>Service Notes of 11/07/14 documented "Resident's Hospice delivered wheelchair, gel cushion, and leg rests today..."</p> <p>By observations on 12/10/14 at 11:50am and at 12:54pm, #187 seated in a wheelchair. Direct care staff used the wheelchair to transport #187 to the bathroom for assistance with toileting. Direct care staff and Hospice staff #N used a gait belt to lift and transfer #187 onto the toilet, with noted difficulty due to unsteadiness on feet and arms/hands constantly moving and grabbing</p> | S3081 | | |

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| S3081 | <p>Continued From page 2</p> <p>anything within reach. By observation on 12/10/14 at 5:10pm, #187 seated in a living room recliner.</p> <p>By interview on 12/10/14 at 11:50am Direct Care staff #L and #M stated #187 is a two person transfer... has noticeably declined... uses the wheelchair with a no slip mat in the seat so he/she doesn't slide out of the wheelchair...</p> <p>On 12/10/14 at 5:40pm Facility Nurse #G stated I am aware of the wheelchair being used part of the time and still trying to ambulate... reviewed the Service Notes and confirmed he/she had written note regarding #187 now uses a wheelchair... confirmed a significant change FCS not completed to reflect this change in #187's condition.</p> <p>The Operator failed to ensure designated staff conducted a screening to determine #187's functional capacity following any significant change in condition.</p> <p>- Review of record revealed #189 admitted to facility 4/09/13 with diagnoses of Alzheimer's, Depression, Delusions, Hyperlipidemia, Vitamin D deficiency, and Psychosis.</p> <p>The current 11/05/14 FCS (functional capacity screen) assessed #189 in need of physical assistance (2) with bathing, dressing, toileting, transfers, mobility; in need of supervision with eating; unable to perform (3) medication and treatment management; with bladder incontinence; with impaired short term memory, long term memory, memory recall, and decision making; with falls/unsteadiness; with impaired communication and hearing, and with inappropriate behaviors.</p> <p>The current 11/05/14 NSA (negotiated service</p> | S3081 | | |

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| S3081 | Continued From page 3 agreement) documented #189 Resident's dependence on staff for assistance with bathing, dressing, toileting, transfers, mobility... NSA documented ""#189's fingers are large, sometimes stiff and swollen and he/she has poor dexterity... has foam grips on eating utensils to he/she can hold them to eat... By observations on 12/10/14 at 12:08pm and at 5:05pm, #189 attempting to use foam covered utensils at meal table... not successful in most instances getting food into mouth... staff available and intervened to feed #189 meals... By interview on 12/10/14 at 12:08pm Direct Care staff #Q stated #189 will attempt to lift cup to mouth and attempts to raise silverware... tries to feed self but drops food so we feed him/her... On 12/10/14 at 6:05pm Facility Nurse #G stated #189 is up and down with feeding self... adaptive equipment has been used... being fed by staff is new with in last several days... prior to that maybe fed a meal here and there... has edema of hands... was able to feed self some this morning but fed some... that has not been reflected on the FCS... The Operator failed to ensure designated staff conducted a screening to determine #189's functional capacity following any significant change in condition. | S3081 | | |
| S3085 SS=E | 26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on | S3085 | | |

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| S3085 | <p>Continued From page 4</p> <p>the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information:</p> <p>(1) A description of the services the resident will receive;</p> <p>(2) identification of the provider of each service; and</p> <p>(3) identification of each party responsible for payment if outside resources provide a service.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a)</p> <p>The census equalled 42 the sample included three Residents. Based on observations, interviews, and reviews of records, for three of three sampled (#189, #187, and #185), the Operator failed to ensure the development of a written negotiated service agreement (NSA), based on the Resident's needs or preferences, that included a description of the services the Resident to receive.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of record revealed #187 admitted to facility 4/10/14 with diagnoses of Alzheimer's, Constipation, Anxiety, Impulse control, Depression, Gastroesophageal reflux disease, Hernia, and Glaucoma. <p>The current 10/09/14 FCS (functional capacity screen) assessed #187 in need of physical</p> | S3085 | | |

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| S3085 | <p>Continued From page 5</p> <p>assistance (2) with bathing, dressing, toileting, transfers, mobility, eating; unable to perform (3) medication and treatment management; with bladder incontinence; with impaired short term memory, long term memory, memory recall, and decision making; with falls/unsteadiness; with impaired communication, vision, and hearing. The FCS coded "none of the above" for section IV. "Mobility Appliances/Devices."</p> <p>The current 10/09/14 NSA lacked documentation #187 required and used a wheelchair for mobility. The current 10/09/14 NSA lacked a description of the services Hospice to provide in addition to the services the facility provided.</p> <p>Service Notes of 11/05/14 documented "... now using wheelchair to take to meals, room, and bathroom...</p> <p>Service Notes of 11/07/14 documented "Resident's Hospice delivered wheelchair, gel cushion, and leg rests today...</p> <p>By observations on 12/10/14 at 11:50am and at 12:54pm, #187 seated in a wheelchair. Direct care staff used the wheelchair to transport #187 to the bathroom for assistance with toileting. Direct care staff and Hospice staff #N used a gait belt to lift and transfer #187 onto the toilet, with noted difficulty due to unsteadiness on feet and arms/hands constantly moving and grabbing anything within reach. By observation on 12/10/14 at 5:10pm, #187 seated in a living room recliner.</p> <p>By interview on 12/10/14 at 1:20pm, Hospice staff #N stated I come a couple times a week... do whatever he/she needs... grooming, hygiene, fingernails, toileting... if I get here during lunch I feed, if not they do it...</p> | S3085 | | |

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| S3085 | <p>Continued From page 6</p> <p>By interview on 12/10/14 at 11:50am Direct Care staff #L and #M stated #187 is a two person transfer... has noticeably declined... uses the wheelchair with a no slip mat in the seat so he/she doesn't slide out of the wheelchair...</p> <p>On 12/10/14 at 5:40pm Facility Nurse #G reviewed the Service Notes and confirmed he/she had written note regarding #187 now uses a wheelchair... confirmed wheelchair use not added to the NSA and the services of Hospice staff in addition to what facility provided not described in the NSA.</p> <p>The Operator failed to ensure the development of a written NSA for #187, based on the Resident's needs or preferences, that included a description of the services the Resident to receive.</p> <p>- Review of record revealed #189 admitted to facility 4/09/13 with diagnoses of Alzheimer's, Depression, Delusions, Hyperlipidemia, Vitamin D deficiency, and Psychosis.</p> <p>The current 11/05/14 FCS (functional capacity screen) assessed #189 in need of physical assistance (2) with bathing, dressing, toileting, transfers, mobility; in need of supervision with eating; unable to perform (3) medication and treatment management; with bladder incontinence; with impaired short term memory, long term memory, memory recall, and decision making; with falls/unsteadiness; with impaired communication and hearing, and with inappropriate behaviors.</p> <p>The current 11/05/14 NSA (negotiated service agreement) documented #189 Resident's dependence on staff for assistance with bathing, dressing, toileting, transfers, mobility... NSA documented ""#189's fingers are large,</p> | S3085 | | |

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| S3085 | <p>Continued From page 7</p> <p>sometimes stiff and swollen and he/she has poor dexterity... has foam grips on eating utensils to he/she can hold them to eat... NSA documented #189 to receive Hospice services.</p> <p>By observations on 12/10/14 at 12:08pm and at 5:05pm, #189 attempting to use foam covered utensils at meal table... not successful in most instances getting food into mouth... staff available and intervened to feed #189 meals...</p> <p>By interview on 12/10/14 at 12:08pm Direct Care staff #Q stated #189 will attempt to lift cup to mouth and attempts to raise silverware... tries to feed self but drops food so we feed him/her...</p> <p>By observation on 12/10/14 at 1:45pm Direct Care staff #Q pulled #189's wheelchair backwards to the toilet room... the wheelchair lacked foot pedals... Direct Care staff #R ultimately raised #189's feet to move wheelchair over the threshold of bathroom doorway when #189 unable to understand to raise feet to move wheelchair.</p> <p>The current 10/09/14 NSA lacked a description of the services Hospice to provide in addition to the services the facility provided.</p> <p>The current 10/09/14 NSA lacked a description of the use of wheelchair pedals for #189, to include when the pedals used, and where stored between uses for staff convenience.</p> <p>On 12/10/14 at 6:05pm Facility Nurse #G stated #189 is up and down with feeding self... being fed by staff is new with in last several days... prior to that maybe fed a meal here and there... staff to feed #189 not reflected on the NSA... he/she does have wheelchair pedals... those are kept in the living room... leave off between transports so</p> | S3085 | | |

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| S3085 | <p>Continued From page 8</p> <p>#189 can propel chair... staff knows where stashed and is to put them on when #189 not moving self about... that has not been reflected on the NSA...</p> <p>The Operator failed to ensure the development of a written NSA for #189, based on the Resident's needs or preferences, that included a description of the services the Resident to receive.</p> <p>- Review of record revealed #185 admitted to facility 10/18/14 with diagnoses of Dementia, Hypertension, Depression, Anxiety, Osteoarthritis, Seasonal allergies, and Lower extremity edema. The current 10/18/14 FCS (functional capacity screen) assessed #185 in need of physical assistance (2) with bathing, dressing, toileting, transfers, mobility; in need of supervision with eating; unable to perform (3) medication and treatment management; with bladder incontinence; with impaired short term memory, long term memory, memory recall, and decision making; with falls/unsteadiness; with impaired communication, vision, and hearing; with wandering and with inappropriate behaviors. The current 10/18/14 NSA (negotiated service agreement) documented #185 Resident's dependence on staff for assistance with these identified needs.</p> <p>Service Notes of 11/14/14 and 11/16/14 described two separate behavior events of #185 entering another Resident's personal space or room... events which resulted in #185 being pushed by other Residents, falling to the floor, and striking head.</p> <p>By observation on 12/10/14 at 12:45pm in #185's room, the clothes closet doors tied shut with a</p> | S3085 | | |

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| S3085 | Continued From page 9 plastic bag. By interview Direct Care staff #V stated we have to tie the doors shut because #185 will take clothes out of closet multiple times per day. The NSA lacked a description of the behaviors that led #185 to be pushed by other Residents, and interventions to address them. The NSA lacked a description of the need to tie the closet door in #185's room shut with a plastic bag. The 10/18/14 NSA lacked the signature of the Resident or the Resident's legal representative. On 12/10/14 at 6:05pm Facility Nurse #G and Operator #C confirmed the NSA lacked the signature of the family member for #185... stated family member is aware of the closet door being secured... for #185 getting in to other's room or space, it's because he/she is unable to find own room... we have multiple interventions in place to assist with that, including notes taped to his/her walker on how to locate room... Facility Nurse #G and Operator #C confirmed these items not described in the NSA. The Operator failed to ensure the development of a written NSA for #185, based on the Resident's needs or preferences, that included a description of the services the Resident to receive. | S3085 | | |
| S3101 SS=E | 26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. | S3101 | | |

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| S3101 | <p>Continued From page 10</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-202(h)</p> <p>The census equalled 42 the sample included three Residents. Based on interviews and reviews of records, for two of three sampled (#189 and #185), the Operator failed to ensure each individual involved in the development of the negotiated service agreement (NSA) signed the agreement.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of record revealed #189 admitted to facility 4/09/13 with diagnoses of Alzheimer's, Depression, Delusions, Hyperlipidemia, Vitamin D deficiency, and Psychosis. <p>The current 11/05/14 FCS (functional capacity screen) assessed #189 in need of physical assistance (2) with bathing, dressing, toileting, transfers, mobility; in need of supervision with eating; unable to perform (3) medication and treatment management; with bladder incontinence; with impaired short term memory, long term memory, memory recall, and decision making; with falls/unsteadiness; with impaired communication and hearing, and with inappropriate behaviors.</p> <p>The current 11/05/14 NSA (negotiated service agreement) documented #189 Resident's dependence on staff for assistance with these identified needs.</p> <p>The 11/05/14 NSA lacked the signature of the Resident or the Resident's legal representative.</p> | S3101 | | |

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| S3101 | <p>Continued From page 11</p> <p>On 12/10/14 at 6:05pm Facility Nurse #G and Operator #C confirmed the NSA lacked the signature of the family member for #189... stated we do keep in close contact with family members... we meet with them on details of the NSA, then type it up for them to sign... do not have documented notes of our attempts to get the NSA signed...</p> <p>The Operator failed to ensure each individual involved in the development of the NSA for #189 signed the agreement.</p> <p>- Review of record revealed #185 admitted to facility 10/18/14 with diagnoses of Dementia, Hypertension, Depression, Anxiety, Osteoarthritis, Seasonal allergies, and Lower extremity edema. The current 10/18/14 FCS (functional capacity screen) assessed #185 in need of physical assistance (2) with bathing, dressing, toileting, transfers, mobility; in need of supervision with eating; unable to perform (3) medication and treatment management; with bladder incontinence; with impaired short term memory, long term memory, memory recall, and decision making; with falls/unsteadiness; with impaired communication, vision, and hearing; with wandering and with inappropriate behaviors. The current 10/18/14 NSA (negotiated service agreement) documented #185 Resident's dependence on staff for assistance with these identified needs.</p> <p>The 10/18/14 NSA lacked the signature of the Resident or the Resident's legal representative.</p> <p>On 12/10/14 at 6:05pm Facility Nurse #G and Operator #C confirmed the NSA lacked the signature of the family member for #185... stated</p> | S3101 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046047 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 12/11/2014 |
| NAME OF PROVIDER OR SUPPLIER BROOKDALE COLLEGE SQUARE | | STREET ADDRESS, CITY, STATE, ZIP CODE 11000 OAKMONT AVE OVERLAND PARK, KS 66210 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| S3101 | Continued From page 12 we do keep in close contact with family members... we meet with them on details of the NSA, then type it up for them to sign... do not have documented notes of our attempts to get the NSA signed... The Operator failed to ensure each individual involved in the development of the NSA for #185 signed the agreement. | S3101 | | |